LOUISVILLE MEDICAL NEWS

"NEC TENUI PENNA."

Vol. V.

LOUISVILLE, MARCH 16, 1878.

No. III

R. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D., EDITORS.

THE FRACTURED FEMUR.

Does its Longitude Vary with its Latitude?

A number of lectures delivered by Prof. Frank Hamilton, during the winter past, on fractures of the long bones have been published from time to time in several of our contemporaries. They must, of course, have attracted considerable attention as coming: from one whose name is so intimately connected with the literature of fractures in this country. We wish we could think that the republication of his views would be productive of as general good. We use advisedly the word republication, for those who read Prof. Hamilton's last lectures must have been struck with the fact that in spite of slight symptoms he exhibited at one time of modifying the views of his earlier life under the influence of changes made in the department of fractures, he returns wholly to his former opinions. Nay, more than that - as if to make amends for his apparent backsliding, he returns more deeply dved than ever in the tenets of his ancient faith.

The peculiarities of Prof. Hamilton's ideas in regard to fractures may be stated to be the activity and multiplicity of the measures he deems necessary for their cure. We have neither space nor inclination to review here the details of his treatment of fractures in the several localities; but we do consider that the stand he has taken against the use of the plastic apparatus in the treatment of fractures of the femur ought not to pass unchallenged. Prof. Hamilton speaks with no

uncertain sound against it. For two years he used it in alternate cases in practice, and he unqualifiedly condemns it. In his own hands, and in the hands of others, it was productive of shortened and crooked limbs, excoriations, discomfort, and heart-breaking woes innumerable; and he is happy to state that its reign in New York is fast drawing to a close. If extension was tried by the perinæum, says Prof. Hamilton, there was ulceration and slough; if the contour of the great muscle of the thigh was relied upon to give the necessary supports for this, the development of most thighs was not great enough to furnish the points; and in fractures of the femur in children, from the delicacy of their skin, the abundance of fat, the tendency to excoriation from the urine saturating the dressing, the short, fat limbs, and the restlessness of the subject, the acme of the difficulty is reached. Indeed, says Prof. Hamilton, the difficulty attending the treatment of these cases is so great that surgeons have generally dodged any separate consideration of it. "The books do not say much about it; for their authors have found it, no doubt, a very disagreeable subject, and most of them do not make any distinction between fracture of the femur in the child and in the adult." We may say, before leaving this part of the subject, that Prof. Hamilton still confines his patients with fractured femur in bed, with weight and pulley and splint and bandage for adults, and with the frame apparatus for children.

Now it sounds very strange to ears in this latitude to hear these last words from a great surgical center like New York. Of course we would not think of putting individual experience against one who has the wards

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of such a great hospital at his command as has Prof. Hamilton; but surely the general experience in a city containing a hundred and forty thousand inhabitants, a long-established center of medical teaching, ought in thirteen years to have gathered something which can stand even against the greatest. It was about thirteen years ago that the plastic apparatus was first used in Louisville, to any very great extent at least, for fractures of the femur. We believe that it was principally by the example and teachings of Prof. D. W. Yandell that its use in this direction was spread hereabout. Starched apparatus had been previously used in fractures of the leg-bones, but the long splint and perineal band were still in vogue with the thigh. Prof. Yandell had, with other surgeons in the Confederate army, witnessed its good effects in fractures of the femur, and commenced this practice of dressing such injuries in Louisville immediately after his return from the war. The first dressings used were the old cumbrous starched bandage, with paste-board splints to help stiffen them; usually requiring seventy-two hours to become dry. A few years later Mr. Tuffnell's admirable paste of flour and whites of eggs was substituted, and is used to this day in a number of cases, especially after union has taken place. In 1870 Dr. Cowling introduced manilla paper as a material to stiffen the apparatus. With the flour and eggs it dries in twelve hours or so, and makes one of the most beautiful of all models-smooth, light, and durable. It is tedious to apply, however, and gave way, along with every other material, when, in 1871, the plaster-ofparis bandage came into use in Louisville. The plaster-of-paris bandage has not only held its own since that year in this city, but has steadily grown in the confidence of the profession, and the field of its application has widened day by day. A long splint, a weight and pulley, an inclined plane, an anterior splint, a suspensory apparatus, are curiosities in this city. They were shown at the schools for a time among the appliances for treatment, exhibited later as vestiges of the past,

but for five years they have slumbered undisturbed with the fathers.

The plastic apparatus is used for fractures of the foot-bones, of the leg-bones, of the patella and thigh-bone, in shaft and neck. (It constitutes, besides, the general treatment of joint-diseases, whether at ankle, knee, or hip.) It is put on as soon as it can be got on; it is disturbed as little as possible after it is on. Now with this general practice here, and with the practice of hundreds of practitioners in the South and West who have carried away from the schools of Louisville abiding faith in the method, it strikes us it is about time for us to witness or to hear from a number of those fearful results recorded by Prof. Hamilton if they follow in such numbers; and yet they do not appear. Of course perfect results are not obtained in every single instance, but positively ill results are rare, and they can either be traced to the improper application of the apparatus or to causes which would have operated, no matter what treatment might have been substituted. A stiff joint in fracture through the joint, an excessively shortened leg in a compound and excessively oblique fracture, or a crooked limb when plain rules for the support of the upper fragment of the fractured bone have been neglected, has resulted in a very few instances; but where one man has limped after the use of the plastic apparatus a hundred have walked without doing so, and crushed and mangled limbs in numbers have not only escaped the knife, but have been almost perfectly restored. Have the limbs been shortened after thigh-fracture? Probably they have, as a rule, a half inch or so; but the gait does not show it, and most careful measurement has demonstrated in some instances that even in fracture of the upper third of the femur in adults positively no shortening has occurred.

Some one may ask, how is the necessary extension kept up with the plastic apparatus? It is n't kept up at all—that idea was exploded here half a dozen years ago, when the last extending band was laid aside. The bones being put in apposition, the plastic

apparatus removes the causes which produce the shortening by its incomparable fixation somewhat, but probably most by the soothing influence of its equable warmth and gentle pressure, substituting, we imagine, persuasion for force. But the most curious thing about the use of the plastic apparatus in Louisville is, perhaps, that if it has any special field it is in the treatment of the fractured femur in children. On account of their tender skin, fat limbs, their tendency to irritation from discharges, their restlessness, etc., nothing so admirably suits them as the plaster-of-paris bandage. Absolutely free from pain after its application, causing often a doubt that fracture exists, playing with their toys in a few hours, easily handled and cleansed, out of bed in a day or so, crawling about, tumbling about, walking about on their crutches if they are old enough to walk at all, and coming out of the bandages at the end of four or five weeks with sound and straight and unshortened limbs, with scarcely a redness thereon.

How are we to explain these widely different results in New York and Louisville? Is n't it barely possible that we are not looking at the same shield at all-that the plastic apparatus of one place is not the plastic apparatus of the other? We do not know what method Prof. Hamilton used in his application of plaster of Paris. We hope he did not-and in fact don't believe he did-put the bandage next to the skin. That were a stone coffin indeed; and, if we remember rightly, he called it so. The method used here is not the Bavarian method, with the blanket and hinge. It may be a very good method; we know nothing about it practically, but it is not desired here; for when one of our surgeons puts up the limb he puts it up to stay up, in sublime faith of its coming out all right in the end, or else that it will give evidence by the discomfort it occasions that something is going wrong which must be remedied.

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If Prof. Hamilton's dressers adjusted the fractured femurs early, under an anæsthetic; if they used smooth and ample layers of

unbroken cotton-batting next to the limb. buttock, and back; if they were ordinarily skillful bandagers, and confined the cotton equably and with moderate firmness with dry rollers; if they carried a spica over the hip even for fracture just above the knee, and to make sure that they did carry the spica above the hip they brought it six inches above the crest of the ilium; if on the base thus constructed they placed two or three layers of plaster bandages made of slazy muslin (cheese-cloth) not longer than three yards each, into which dry plaster (best dental) had been thoroughly rubbed, and the bandages thus prepared were dipped into water and wetted through before application; if these bandages were smoothly applied, and especially thoroughly applied over the spica, which can be done without encircling the abdomen; if they removed any redundancy about the perinæum so that the bandage might not touch it, and looked well to the cotton in that locality, covering it with oil-silk if they cared to do so; if in the application of the plaster bandages the foot was kept rigidly at a right angle, and the knee straight or slightly flexed; if the case was looked to twice during the first twenty-four hours, and half a dozen times during the subsequent six weeks; then, if affairs turned as badly as Prof. Hamilton has said, we must believe that the New York thigh and the Kentucky thigh have been evolved from different progenitors.

The fact is, we don't know what to think about the matter. We can hardly believe that Prof. Hamilton doesn't know how to apply the dressing, and it is hard to think that bone nature changes with latitudes, however strong our faith in the blue-grass beef and the Bourbon. We are bothered, too, by conflicting statements in regard to the matter. Prof. Hamilton says his colleagues have pretty well abandoned the plastic dressings. He may think so, but one must go away from home to learn the news. Does not Prof. Van Buren still believe in it; is it possible that Dr. Sayre has weakened in his faith concerning it, and is

its stout defender, Dr. St. John, ready to retract what he has said about it? We imagine Prof. Hamilton has been misinformed. Philadelphia would of course rather give up her machine-shops than the bewildering mechanism of her fracture wards, but New York is more progressive.

It would be foolish, of course, to declare that one method in the treatment of fractures gets all the good results, and other methods get all the bad ones. The fact is that under the best directed treatment by any method fracture-cases will sometimes result badly; and he who is swift to condemn a brother surgeon for this lacks as much in intelligence as he does in charity. The surgeon is most apt to get good results by the application of methods in which he has most facility. Early impressions are difficult to remove and skill in new methods hard to acquire: hence it is that we deem it important that the plastic method of dressing fractures of the lower extremities should be thoroughly put before every student at the outset of his career.

We can not but think that the plastic dressings are among the greatest of the blessings of modern surgery, both to patient and to surgeon. They fill the whole measure of the law. They heal as quickly as the nature of the case will admit, as safely as by any method yet devised, and pleasantly to a degree beyond the power of any other plan—past, present, and we may safely say future—to achieve. And if our words in their defense have been many, they are not wasted if they do but inspire one wavering brother to test their merits.

BLUE BILE.—An instance of a remarkable blue coloration of the bile has been lately published in La France Médicale by Prof. Andouard.

THE State Medical Society meets in Frankfort, April 3d. We will print next week the programme furnished by the secretary.

Original.

VISCUM ALBUM (MISTLETOE) AS AN OXYTOCIC.

BY W. H. LONG, M. D., Surgeon United States Marine Hospital Service.

I desire to call the attention of the profession to the value of mistletoe as an oxytocic. An experience of ten years with this remedy enables me to speak confidently as to its properties.

I was first led to its use by the fact that the farmers in the section of the country where I formerly practiced medicine gave mistletoe to such of their domestic animals as failed to "clear" themselves, or expel the placenta after bringing forth their young, to promote its delivery.

I used it first in 1867, when I was attending a case of labor several miles distant from my office. The second stage was protracted to an unusual length of time by inefficient action of the uterus. The head was engaged in the inferior strait and pressing on the perineum. I had no ergot, and had some mistletoe gathered, an infusion was made, and half a teacupful given to the patient. Strong contractions set in in twenty minutes, and she was soon delivered. After this case I had no hesitation in using viscum when occasions required. Many times after failing to get any effect from repeated doses of ergot, I have administered viscum in decoction, and always had satisfaction of producing efficient pains in from twenty to forty minutes. I do not now recall a single instance in which it failed to stimulate the uterus to contract, and I have used it in a large number of cases.

Since I have resided in this city I have called the attention of many physicians to it, and have furnished several with samples, both of the dried leaves and fluid extract, and, so far as I know, they have been much pleased with its effect.

I believe it to be far superior to ergot-

1. Because it acts with more certainty and promptness.

2. That instead of producing a continuous or tonic contraction, as ergot does, it stimulates the uterus to contractions that are natural, with regular intervals of rest. Consequently it can be used in any stage of labor, and in primiparæ where ergot is not admissible.

It can always be procured fresh, does not deteriorate by keeping, and is easily prepared.

I have used viscum in many cases of menorrhagia and hemorrhage from the uterus with gratifying results. I have taken pains in such cases to give ergot and mistletoe a competitive trial with the object of testing their relative merits, and I unhesitatingly pronounce in favor of the latter. Indeed, cases in which ergot given in powder, decoction, and fluid extract failed to give any relief, the viscum acted promptly.

A few months since a lady applied for relief, whose menses appeared every two weeks; the flow was profuse, and lasted eight or ten days, giving her but a few days' intermission. Though I had not been using ergot for a long time, I prescribed the fluid extract in teaspoonful doses, and without effect. I then gave her freshly-powdered ergot in twenty-grain doses, with a like result. I then gave her fluid extract of viscum in teaspoonful doses. The flow which was then on her was arrested the second day. She menstruated again in three weeks, lasting four days (her usual time), and again in twenty-eight days, and she has been regular as to time, period, and quantity ever since. The menorrhagia had lasted her about six months, and she was anæmic and much reduced in consequence.

In post-partum hemorrhage the results have been no less satisfactory than in labor and menorrhagia, firm contractions of the uterus being secured in from twenty-five to fifty minutes after administering from one to two doses of the mistletoe. I had one patient in the country who was predisposed to hemorrhage, and she always had profuse and alarming hemorrhage after each child-birth. She had one child and a terrible

hemorrhage before I ever saw her. I attended her in labor four times, and the first three the same sudden and alarming hemorrhage took place. The flow of blood was so great that the physician had no time to tie the cord or look after any thing but the mother. In her fifth labor (the fourth of my attendance), I administered freely of the infusion of viscum, beginning with the commencement of the second stage. The hemorrhage after delivery was insignificant. I learned from her husband a short time since that she has had two children since my last attendance, and the same terrible hemorrhage each time.

Viscum may be given as an infusion, tincture, or fluid extract. The most convenient form is the fluid extract. Formerly I used the infusion altogether, which is made by taking two ounces of the dried or four ounces of the green leaves; pour on these one pint of boiling water, cover closely, and allow to stand until cool enough to drink. Two to four ounces may be given at a dose, and repeated in twenty minutes if necessary. The green leaves impart a disagreeable taste that is lost in the process of drying.

I have also used an alcoholic tincture made by taking eight ounces of the dried leaves and saturating them with boiling water, and adding alcohol to make one pint. I do not think this as efficient as either the decoction or fluid extract. It should stand ten days before ready for use. Viscum makes a nice fluid extract of a dark brown color, and possesses all the virtues of the parasite.

Lucien Alexander, druggist, corner Tenth and Jefferson streets, has kindly prepared such quantities of the fluid extract as I have used, and nice specimens have also been furnished me by Mr. De Courcy Jones, at John Colgan's, corner Tenth and Walnut streets. These gentlemen will furnish to all physicians who wish to give it a trial a small quantity without charge.

The best time for gathering the mistletoe is in November, after a few frosts have fallen and before the hard freezes, though it may be gathered and used at any period of the year. When gathered it should be at once spread out to dry, as it will mold in a very short time if kept in a box or sack. I have always dried it in the shade.

Viscum abounds in this country, and is found in greatest quantities on the walnut and elm trees, though it grows sparingly on a few others, as the red and black locust, oak, etc. So far as I know, there is no difference in its properties or strength made by the kind of tree on which it grows.

The only mention of mistletoe made in any medical work that I have seen, as regards its effect on the uterus, is in King's Eclectic Dispensatory, where caution is given (in administering it for other diseases), not to give to excess, as "irritation of the uterus" may result.

I ask the profession to give this remedy a fair trial, feeling assured that where this is done without prejudice, that ergot will occupy a secondary place in the list of oxytocics.

Louisville.

NÉLATON'S CATHETER A STOMACH-TUBE.

BY J. W. HOLLAND, M. D., Professor of Medical Chemistry and Materia Medica in University of Louisville.

Some months since I had an urgent need for a stomach-pump to wash out the fatal dose of an opiate, given by mistake to a very young infant. The ordinary instrument has no attachment suitable to a small œsophagus. The hard, lacquered pipe of half an inch diameter usually employed is formidable enough to be considered a forlorn hope where an adult is the subject. It is out of the question in such a case as the one mentioned. I have found the following device answer, and advise my class to provide themselves with it for a like emergency, one not infrequent, as most doctors can testify.

Having inserted a wedge between the gums of the patient, let an oiled Nélaton's catheter No. 12 slip into the gullet far enough to leave at least two inches of the tube outside the lips. The catheter is fifteen inches long. The distance between the lips and the bottom of the stomach in a child under one year is never as much as twelve inches. Into the elastic mouth of the catheter force the small nozzle of any ordinary rubber ball-and-tube syringe. Then inject in the usual manner the diluent and antidote.

To evacuate the stomach withdraw the nozzle of the syringe, put in its stead a piece of cane pipe-stem three inches long, trimmed so as to fit into the other end of the syringe. Adjust this cane to the pewter entrance pipe of the syringe; a few strokes of the ball will pump up the contents of the stomach, and expel them by the nozzle into a prepared vessel.

For older persons, a piece of thick rubber tubing one yard long, three eighths of an inch wide, with side holes cut as in a catheter will, in my experience, serve the purpose as much better than the stiff pipe found in the instrument cases, as a Nélaton's catheter surpasses the urethral instrument it has supplanted. Of course the resisting pipe is required where there is stricture of the æsophagus; but for narcotic poisoning, this tube and a No. 12 catheter, joined by a piece of cane to the common family syringe, make a more complete and handy stomach-pump than the more expensive apparatus usually sold.

LOUISVILLE.

Correspondence.

Dr. R. O. Cowling:

I read your aphorisms with considerable interest. Their practical character must make them popular with the profession. I was glad to see your emphatic indorsement of the plastic apparatus. Its comfort to patient and surgeon alike has been proved so thoroughly that it seems strange it should need recommendation at this day.

The importance of aphorism 64, concerning the position of the foot at a right angle, I have just had opportunity of testing. A

patient was admitted to the hospital with anchylosis of the ankle-joint (after fracture of the tibia), and with his foot pointing in such an angle that his heel could not touch the ground. The rectangular position would have obviated some of his difficulty, and probably all. At any rate I do not remember to have seen a case of serious anchylosis at the ankle where the position of the foot had been properly attended to. It is a point frequently overlooked, as in the recumbent posture the foot naturally bends forward, and it is only when the patient rises, and, in attempting to walk upon his crutches, strikes his toes upon the floor, that the mischief is seen. Erichsen refers to the fact, you remember, that the continued pressure upon the ligaments by the extension of the foot may result in more or less permanently deranging them. The rectangular position, after a few minutes, is well borne.

In regard to deferring cutting the trap in compound fractures, I fully agree with you, provided oakum has been used over and to some distance above and below the wound. This easily becomes saturated, and provides for drainage. In four cases of compound fracture which I treated during the past year, three were dressed with oakum, and one with cotton. The trap was deferred in all. In the cases where the oakum was used the results were entirely favorable. The oakum was saturated throughout, but the wound was clean and closed readily. In the case where the cotton was used the cotton came out clean, not being soiled more than a few inches around the wound, but an abscess was formed and pointed on the opposite side of the limb.

In fracture of the lower third of the leg, I have not found it necessary to keep the knee confined longer than three weeks.

Very truly yours,
W. O. ROBERTS, M. D.

Louisville, March 10, 1878.

HENRY GRAN, the anatomist, who died in 1861, lived but thirty-four years.

Reviews.

Landmarks Medical and Surgical. By LUTHER HOLDEN, F. R. C. S., Surgeon to St. Bartholomew Hospital, etc. From the second English edition. Philadelphia: Henry C. Lea. 1878.

This is a reprint of the article in the St. Bartholomew Hospital Reports, a small book of one hundred and twenty-eight pages, in which is contained much practical information. As its author says, it is quite possible, after very careful dissection, that students may fail to recognize the relative positions of parts covered by the skin. It is to supplement ordinary anatomy on these points that the book is written. The reader will find in it many questions answered which he would wish to ask, not only as regards surgical, but, what is of far more importance, medical anatomy.

Books and Pamphlets.

Lecture delivered at the Opening of Anderson's College. By M. Charteris, M. D., Professor of Medicine, Anderson's College, and Lecturer upon Clinical Medicine, Glasgow Royal Infirmary. Reprinted from the Edinburgh Medical Journal for January, 1878. Edinburgh: Oliver & Boyd, Tweeddale Court. 1878.

A CONTRIBUTION TO REGIONAL DIAGNOSIS IN BRAIN-LESION. By F. T. Miles, M. D., Professor of Anatomy and Clinical Professor of Diseases of the Nervous System, University of Maryland. Reprinted from the Transactions of the American Neurological Association, Vol. II, 1877. New York: G. P. Putnam's Sons. 1877.

REMARKS ON THE BRAIN, ILLUSTRATED BY THE DESCRIPTION OF THE BRAIN OF A DISTINGUISHED MAN. By Thomas Dwight, M. D., late Professor of Anatomy at the Medical School of Maine. From the Proceedings of the American Academy of Arts and Sciences, Vol. XIII.

THE PHILADELPHIA DRUGGIST AND CHEMIST. edited by C. C. Vanderbeck, M. D., Ph. D., has been much enlarged and improved. It is now without a superior in its line in the United States.

STUDIES IN PATHOLOGICAL ANATOMY. By Francis Delafield, M. D., Adjunct Professor of Pathology and Practical Medicine, College of Physicians and Surgeons. No. 1, February, 1878. New York: William Wood & Co. 1878.

ADDRESS DELIVERED BEFORE THE TRIGG COUNTY MEDICAL SOCIETY, at Cadiz, Ky., Monday, May 8, 1876. By J. W. Singleton, M. D., of Paducah, Ky. Reprinted from the Cincinnati Lancet and Observer, November, 1877. Taken from the Richmond and Louisville Medical and Surgical Journal, 1876. Cincinnati: Cincinnati Lancet press. 1877.

NEUROTIC PURPURA. By Gerrard George Tyrrell, L. R. C. S. and K., and Q. C. P. I. L. M. Read before the Sacramento Society for Mutual Improvement. From the Pacific Medical and Surgical Journal for June. San Francisco: Bonnard & Daly. 1876.

COMPULSORY VACCINATION: The Establishment of a uniform System of Vaccination for all Citizens and Inhabitants of the State of Louisiana, by Legislative Enactment. By Jos. Jones, M. D., Professor of Chemistry and Clinical Medicine, Medical Department of University of Louisiana, Visiting Physician of Charity Hospital, New Orleans; Member of Board of Health, State of Louisiana. From the New Orleans Medical and Surgical Journal, January, 1878. New Orleans: T. H. Thomason, printer. 1878.

THE CODES OF MEDICAL ETHICS (American Medical Association, American Institute of Homeopathy, National Eclectic Society). Arranged and compiled by C. Henri Leonard, A. M., M. D., publisher Leonard's Reference and Dose-Book, Vest-Pocket Anatomist, Manual of Bandaging, Dose- and Day-Book, Multum-in-Parvo Ledger, Prescription Tablet, and Bound Physician's Statements. Detroit, Mich., 1878. Price, 25 cents.

ON THE RECOGNITION AND MANAGEMENT OF THE GOUTY STATE IN DISEASES OF THE SKIN. By L. Duncan Bulkley, A. M., M. D., Physician to the Skin-department, Demilt Dispensary, New York; Attending Physician for Skin-diseases at the Out-patient Department of New York Hospital, etc. Reprinted from the American Practitioner, Nov., 1877. New York: G. P. Putnam's Sons. 1877.

BATHING, CUPPING, ELECTRICITY, MASSAGE. A Comparison of the Therapeutic Effects of Bathing, of Cupping or Atmospheric Exhaustion, of Electricity in the form of Galvanism and Faradism, and of Massage, in the Treatment of Debilities, Deformities, and Chronic Diseases. By David Prince, M. D., of Jacksonville, Ills. Reprinted from the American Practitioner, February, 1878.

ON THE SO-CALLED ECZEMA MARGINATUM OF HEBRA (TINEA CIRCINATA CRURIS) AS OBSERVED IN AMERICA. A Clinical Study. By L. D. Bulkley, A. M., M. D., Physician to the Skin-department, Demilt Dispensary, New York; Attending Physician for Skin and Venereal Diseases at the Out-patient Department of the New York Hospital. New York: G. P. Putnam's Sons. 1877.

Miscellany.

WHAT LIGHT TO USE is an important question to the doctor, whose reading and writing must of a necessity be done generally after night. The "student's lamp," which burns coal-oil, gives the steadiest flame, and illuminates objects below it better than any other style of lamp; but its drawbacks are innumerable. It may run all right for a month, and let down just when wanted most. In spite of assertions to the contrary, it will take fire at the wrong place. It will get out of order, and no tinker yet born can mend it. Unless your office-boy be endowed with the skill of a young novelty-works, and yourself with a seraphic temper that would shame the cherubim; unless you are prepared at any moment to rush in with hearth-rugs, overcoats, and what not to repress sudden conflagrations by night, and are willing to have about you by day the odor and imputation of wearing cleaned gloves; if you are in a position to afford it, put not your faith in coal-oil illuminators. Bear meekly with the gas-companies, trusting to another and a brighter world to get even with them. Better bankruptcy and spectacles ten years before your time than the fearful risk of losing your salvation by cheap light.

THE USE OF SUGAR.—A war-correspondent, in narrating the incidents of the passage of the Balkans, particularly describes the craving of the Russian troops for sugar; the universal remark which passed around to cheer the despondent and quiet the impatient being, "We shall get sugar in Sofia." Can any thing more strongly direct the attention to the ultimate effects of sugar in the body in sustaining the temperature under extreme degrees of cold? Animal food may have been scanty, but complaints did not arise upon that score. Food has for a long time been divided into the two broad classes of tissue-formers and heat-producers, the latter comprising mainly the carbo-hydrates. Parkes said that in the body thorough oxidation of albumen can never occur, as some constituents pass out of the system incompletely oxidized in the form of urea. "An ounce of sugar, on the other hand, is as a general rule destroyed to the fullest extent, and ends in carbonic acid and water; and its actual energy in the body, under whatever form it appears, is equal to its theoretical value." It is always in the highest degree interesting to be able to confirm by experience the hypotheses that have been deduced from the laboratory. Had old Shylock been with General Gourko, he might not have been so anxious about his pound of flesh could he but have procured an ounce of sugar.—London Med. Examiner.

SEXUAL desires show themselves early in the children of drunkards, and are associated with an absence of moral sense.—Dr. Aldridge, in London Med. Record.

HORRIBLE!-A statement made on Tuesday last by Dr. O'Hanlon, while attending an inquest upon the bodies of two children at Durham, is highly significant and susceptible of a very sinister interpretation. The medical gentleman stated that during the last few years there had been a great increase in the mortality among children; "owing"-we quote the newspaper paragraph now before us-"it is said, to the fact that the children were always insured, the surgeon having generally to give three or four certificates to insurance companies for every child's death." The waste of infant life in some of the Midland counties has before now been observed, and appears more than can be accounted for by disease, bad management, errors of diet, etc. It seems highly desirable that where there is even the faintest doubt as to the cause of death, the medical attendant should refuse to give a certificate without first making a post-mortem examination .- London Lancet.

QUACK ADVERTISEMENTS IN POPULAR PA-PERS.—It is to be regretted that some of our popular contemporaries do not see it to be their duty to exclude quack advertisements from their columns. They may be seen by the half dozen in some papers, having reference to all subjects, from nervous debility, with all the mysterious and terrifying suggestions which are conveyed to the ignorant by that expression, to deafness and noises in the head. We are not unmindful that in papers of more pretension medical advertisements in another form appear, but they do not affect in this way the less wealthy and informed class of the people who fall a ready prey to the ordinary quack advertisements. It is a slight matter to our contemporaries either to insert or refuse insertion to the advertisements in question; but by refusing them they would save many a poor man from the most cruel forms of quackery, and forms as costly as they are cruel.-London Lancet.

SICKNESS OF PREGNANCY.—Dr. J. Marion Sims, in the London Lancet, commends in the highest terms cauterization with nitrate of silver of the os uteri for this trouble. He has found it most successful, one to three applications curing. Dr. Jones, of Chicago, originated this treatment.

THE great M. Claude Bernard is dead.

PHTHISIS, when not hereditary, is capable of being produced by spirituous excess. Magnus Huss and Launy have supported this thesis by numerous examples.—Dr. Aldridge, in London Med. Record.

ROBERT MACNAB, M. D., F. R. C. S., Ed., reports, in the Lancet of January 5th, a case of diaphragmatic hernia of the entire stomach three years after the cure of empyema.

ANTIHYDROPIN, a crystalline body, is the active principle of the cockroach, the Russian dropsy-medicine, according to Dr. Bogomolow.

A CASE of tetanus in a boy, caused by the stings of three wasps, is reported in the London Lancet.

Selections.

Treatment of Asthma by Iodide of Potash and Iodide of Ethyl .- Prof. Germain Sée, whose recent enthusiastic praises of salicylic acid in rheumatism and gout were received with some skepticism by the Académie de Médicine, has just read to that learned body a paper, in which he speaks (Bulletin de l' Académie, Jan. 29th) in scarcely less warm tones of the efficacy of iodide of potassium and the iodide of ethyl in the treatment of asthma. After adverting to the few occasions in which iodide of potassium has been hitherto used, he observes that his own employment of this substance has not been for the mere relief of the paroxysm, for which it obtained some success in the hands of Trousseau, but as a means of effecting the cure of the disease itself, preventing the development and return of the paroxysms which constitute the attack that may last for a longer or shorter time. He began his investigations with it in 1869, after having convinced himself that the medicinal substances which had hitherto proved most useful in asthma-as the bromide of potassium, and especially chloral-only exert a very temporary and doubtful effect. Since then he has met with fifty cases, and he has been able to keep twenty-four of these under prolonged observation, never for less than a year, and in some of the cases for three or four years. He dissolves ten grammes of the iodide in two hundred of wine or water, and gives before each meal, twice a day, a dessertspoonful (eight or nine grammes), so that the patient takes daily sixteen or eighteen grammes of the solution, or one gramme eighty cent. of the iodide daily. After some days this quantity is gradually doubled. The same doses may in preference be taken in syrup of orangepeel. If the patient become disgusted with the taste, he may take the iodide in wafers. There is no definitive time for the duration of the treatment; but generally at the end of two or three weeks, when the attacks are attenuated or abolished, the dose may be diminished to a gramme and a half per diem. From time to time the treatment may be interrupted for a day, but a longer interruption may be followed by a return of the accidents. In one case a patient who had been cured for a year, having suppressed the iodide for four days, was again attacked. Any accompanying cough may be relieved by the addition of a little extract of opium or syrup of poppies, while, when there is not much cough or catarrh, two or three grammes of chloral given in the evening assist in diminishing the dyspnœa.

The effects of the iodide on the asthma and its paroxysms are: 1. The respiration becomes free in about two hours; and when it has been administered some hours before the paroxysm, the development of

this is almost certainly prevented. The second paroxysm is suppressed with certainty. 2. The respiratory murmur can be heard in regions wherein it was suppressed. 3. Recent emphysema disappears, with the exaggerated sonority dependent upon it. 4. The rales cease to be sibilant, and become mucous, allowing of the penetration of air. 5. At the end of some hours the orthopnœa and emphysema have given place to normal respiration, intermingled or not with disseminated mucous rales. 6. When the asthma is chronic with permanent emphysema, if the treatment be continued after the subsidence of the attack, not only do the paroxysms totally cease, but the emphysema and oppression habitual to the asthmatic entirely disappear, especially in dry asthma. In catarrhal asthma the catarrh may persist for a longer or shorter time after the dyspnœa has disappeared. 7. When the asthma is due to a valvular lesion of the heart, the effects produced are but slight; but when it is connected with degeneration or hypertrophy of the cardiac tissue itself, the iodide-treatment leads to the disappearance of the dyspnœic element. But before pronouncing on the existence of cardiac asthma we should be aware of a fact that may easily give rise to error. This is, that in a great number of the subjects of asthma we may observe at the apex of the heart, and more rarely at the base, a very gentle but very evident systolic bruit de souffle, which may lead to the fear of the existence of valvular lesion. But this sound, which seems to reside in the valves of the right side of the heart, entirely disappears, and that in some days, with the removal of the asthma by means of the iodide-treatment.

As inconveniences of a prolonged employment of the iodide may be mentioned: 1. Oozing of blood from the mouth and fauces. 2. Hemoptysis. This occurs only in those predisposed to tubercle; and in all such subjects, and even when the diagnosis is doubtful, the iodide must be proscribed. 3. Loss of appetite and disgust at food. For this it suffices to suspend the treatment for a day, from time to time, and to diminish the dose during a week. 4. Emaciation. This is not a contraindication, for at a later period the patients may recover their flesh. 5. Iodine cachexia and diffluence of the blood have never been met with even after prolonged treatment. The general result is that a cure takes place in almost all cases, even when the patients are placed amid atmospheric conditions which are habitually injurious (thus, a bakeress, who always had paroxysms of asthma excited by inhaling flour, was by the use of the iodide enabled to continue her occupation). The patients also resist far better the changes of temperature, the influence of heat and cold, the action of wind and of dusts. No precaution has to be taken as regards hygiene and regimen, and the use of coffee and tobacco has not seemed to be injurious.

The Iodide of Ethyl.-Professor Sée has employed inhalations of this substance in five cases of asthma. and the paroxysm was arrested in all very rapidly. In three cases of cardiac dyspnœa it also acted favorably; and in two cases of chronic bronchitis accompanied by dyspnœa the effect, although much less prompt, was advantageous. Quite recently, in a case of œdematous laryngitis, inhalations repeated ten or twelve times a day effected a cure. Like the iodide of potassium, the iodide of ethyl increases the bronchial secretion, and by this hypersecretion renders it more fluid, and thus favors the admission of air into the pulmonary alveoli. The iodine stimulates the action of the respiratory center, and, by reason of the greater quantity of blood this is brought into contact with, respiration becomes more easy, being still further aided by the ether in combination with the iodine.

The general conclusions to be drawn from the paper are: 1. Iodide of potassium constitutes the most certain means of curing asthma, whatever its origin may be. 2. The iodide of ethyl relieves the paroxysms of asthmatic dyspnœa with great rapidity. It also appears to act advantageously in cardiac and even in laryngeal dyspnœa.—London Medical Times and Gazette.

Mackiewicz on Milk-diet in the Treatment of Nephritis. - London Medical Record: D. H. Mackiewicz shows, in his Thèse de Paris (June, 1877), by cases reported from Dr. Lancereaux's wards, the good effects obtained by milk-diet in Bright's disease, and how this regimen should be initiated. Asses' milk should be used in preference; where that can not be obtained, cow's milk, after it has stood for twelve hours and been carefully skimmed. It may be drunk either hot, cold, or lukewarm, as the patient likes. On the first day of the milk-regimen two litres (about three and a half pints), with some food, should be given. The milk should be drunk by the glass, and in small mouthfuls. The whole quantity must be divided into four parts, each taken at different times at equal intervals throughout the day. The next day three litres must be given, and no other food, and on the following days the quantity must be augmented by one litre, until from four to six litres have been disposed of, according to the tolerance of the patient. If milk have not been tolerated, Vichy water, lime-water, calcined magnesia, or some alcoholic or acid liquid may be added to it. From one to two and a half drachms of chloride of sodium may also be added to it with advantage. If the patient be anæmic, some of the preparations of iron and quinine may be safely employed. If at the end of the week the dropsy be not diminished, and the flow of urine increased, the milk-diet must be given up, and recourse had

to other means, such as purgatives and sudorifics: diuretics have no effect. This inefficacy is always a guide as to the gravity of the affection and its incurability. The treatment should be continued so long as it is tolerated, until the dropsy, and, if possible, the albuminuria have disappeared. The disappearance of the latter sometimes only occurs five or six months after the most rigid observance of the milk-diet. When the albuminaria has disappeared a mixed diet should be gradually adopted until no more milk is given. The reappearance of the albuminuria or the dropsy, where the albuminuria has not been improved, will always be an indication to resume the absolute milk-regimen, which must also be resumed on the appearance of uræmic accidents. Finally, it must be remembered that, as the milk-diet is nearly always successful where all medication has failed, it is a duty, when any kind of nephritis is met with, to begin by rigid milk-diet, and only to have recourse to other therapeutic means when success is not attained by the one under consideration.

Twins .- London Lancet: Among papers which have lately received honorable mention from the French Academy is one by M. Puech, which gives exact information regarding the cases of twinbirth that have occurred in the town of Nimes from 1790 to 1875. In this period of eighty-five years M. Puech has found registered 1,262 accouchements of twins. Of the women, only forty-eight had multiple accouchements twice, two had them three times, and only one had them four times. The author observes that he is unable to compare these numbers with a precise total of births, because there were manifest omissions in the earlier years of application of the law. He estimates, however, the number of accouchements during those eighty-five years at about 130,000. Thus it appears that twins occurred about once in one hundred accouchements, and that in one hundred accouchements of twins there were a little more than four which occurred the second time with the same mother. The author further gives a nominative table of fifty-one mothers who have each had more than one double accouchement, and promises an account of further researches in a future memoir. Apropos of this inquiry, the committee of the academy recall an account of a quite extraordinary fecundity that was published by M. Hermann in his "Travaux Statistiques de la Russie." Fedor Vassilet, peasant of the Government of Moscow, and who, in 1782, was aged seventy-five years, had had, by two wives, eighty-seven children. His first wife, in twenty-seven accouchements, had sixteen times given birth to twins, seven times to triplets, and four times to quadruplets; never a single child. The second wife was similarly fruitful, and bore eighteen children in eight accouchements. In 1872, eighty-three of the eighty-seven survived. This fact, almost incredible, is stated to be, nevertheless, authentic. M. Khanikoff, correspondent of the Imperial Academy of St. Petersburg, was consulted, a few years ago, as to the means to pursue in order to obtain a verification of the phenomenon. He replied that all investigation was superfluous, that the family in question still existed in Moscow, and that it had been the object of favors from the government.

Alvarenga on the Treatment of Erysipelis by Silicate of Soda .- London Medical Record: This method has been employed specially by Dr. Alvarenga, of Lisbon, who credits it with great efficacy. His paper (an extract of which is given in the Journal Méd. Chirurg. de Pesth) is based on forty-eight cases of erysipelas of the scalp, face, and limbs, both fixed and erratic. He asserts that, with the help of this remedy, the disease does not last more than four or five days. The solution of silicate of soda used is the same which is employed in the manufacture of immovable apparatus. It is diluted with seven or eight times its weight of distilled water. It is very important to make a preliminary essay of this preparation with litmus paper; so long as it is acid, soda should be added to neutralize it. The solution must be spread over the affected parts, morning and night, with a pencil, and the surfaces must be allowed to dry in the air. At the end of four or five days, when the fever, cedema, and redness have subsided, the use of the silicate of soda is suspended, and the parts affected are covered up with cotton-wool steeped in oil of sweet almonds.

Poisoning by Carbolic Acid treated by Apomorphia.-G. W. Semple states that a patient took by mistake two teaspoonfuls of strong carbolic acid. In a few minutes she was in a state of great debility, and complained of a violent burning sensation from the fauces to the stomach. The pulse was full, slow, regular, and strong. Solution of bicarbonate of soda was ordered and taken. She quickly, however, fell into a semi-comatose state, and was with difficulty made to swallow six ounces of olive oil. Forty minutes after taking the poison rather more than half a grain of apomorphia in twelve minims of water was injected subcutaneously. In three minutes there was copious emesis, which continued at intervals of twenty minutes for an hour and a half. A very large fecal evacuation followed, with an abundant flow of smokycolored urine having a strong odor of carbolic acid. Recovery without ill effects took place. Dr. Semple lays great stress upon the rapidity with which the apomorphia acted as an emetic, and strongly recommends all who practice to keep it in solution, as it requires some time to make up .- London Pract.

The Prevention of Poisoning with Arsenic .-London Lancet: We gather from the Spanish journal Revista di Medicina y Cirurgia Practicas, 7th January, 1878, that M. Jeannel, of Paris, has lately given a lecture, in which he proposes that chemists should sell arsenic to the public only when so combined that it immediately attracts attention when added either by accident or design to food. The plan has not been overlooked, for there is an officinal mixture in which the arsenic is combined with peroxide of iron and a small quantity of aloes, but it is not sufficiently characteristic, and he calls attention to a mixture termed Grimaud's mixture. This consists of one centigramme of iron sulphate and one of potassium cyanide to each gramme of arsenious acid forming a light-blue powder. On being moistened, however slightly, it becomes of a rich blue color, whilst the taste is so distinctly chalybeate that it is impossible to overlook its presence in any article of food. It has the advantage of not altering or interfering in any way with the therapeutic properties of the arsenic.

Larcher on Red Milk .- London Medical Record: In the Annales de Gynécologie, October, 1877. Dr. Larcher discusses the different theories which have been set forth to explain the phenomenon of red milk. He mentions the red coloration which takes place in the milk of cows fed daily with madder. This coloration is due to the passage of the coloring matter of the madder into the blood. Lagrésie mentions the case of a nurse whose milk became red after drinking a decoction of madder. It has also appeared after the ingestion of some resinous plants. In other cases it seems that the coloration is due to the presence of hæmatin or blood-corpuscles in the milk. This red coloration has been observed to take place in a cow, during the first days of suckling her calf, without the slighest apparent inconvenience, either to the mother or her suckling; it then gradually disappeared.

Our Winter Drinks.—Of the beverages best suited as a protection against the evils of exposure to cold, alcohol certainly has no claim to the position it has attained in the public estimation, as it has been shown by Dr. Brunton that, by dilating the vessels of the skin, alcohol warms the surface at the expense of the internal organs. It is thus injurious when taken during exposure to cold, but beneficial when taken after the exposure is over, as it tends to prevent congestion of the internal organs. The best drinks are hot tea, coffee, or cocoa; and they have, as Professor Hammond has shown, the power of preventing tissue-waste even under prolonged exercise.—Med. Examiner.